

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039358  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 88

VS 300  
Rev. 4/59

1 0561

2 0561

3 2

4 1

5 2

6

7 0

8 0

9 332X

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Canton</b>		Length of stay in 1b <b>35 yrs.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		d. STREET ADDRESS (If outside, give location) <b>209 S. 4th</b>	
3. NAME OF DECEASED (Type or print) First <b>Ada</b> Middle <b>May</b> Last <b>Moore</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 5, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dry cleaning</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
13a. FATHER'S NAME <b>Harvey N. Haydon</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Sutton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arteriosclerosis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. BIRTHPLACE (City and state or country) <b>La Belle, Missouri USA</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		14. NAME OF HUSBAND OR WIFE <b>Orville M. Moore</b>	
17. INFORMANT <b>Margaret Ahrenholtz, Canton, Mo.</b>		Address	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Canton, Mo.</b>	
20g. COUNTY <b>Lewis</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>Oct 2-1957</b> to <b>Oct 10-62</b> and last saw her alive on <b>Oct 10-62</b> Death occurred at <b>6 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul H. Barkley</b>		22b. ADDRESS <b>CANTON MO</b>	
22c. DATE SIGNED <b>Oct 11 62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 12, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>La Belle Cemetery</b>	
23d. LOCATION (City, town, or county) <b>La Belle, Lewis Co. Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Carl H. Barkley, Canton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-13-'62</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl H. Buckley*

Licensed Embalmer No. 2615

P. O. Address Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.